

January 14, 2019

By US mail

Peter J Welsh, Acting Clerk of Court
US District Court Middle District of Pennsylvania
235 N Washington Ave.
Scranton, PA 18503

Dear Acting Clerk of Court Welsh,


Service of Process

Re: Case no. 3-19-CV-67 KENNEDY v SCHUYLKILL COUNTY CLERK OF COURTS,

There are four defendants: (1) SCHUYLKILL COUNTY CLERK OF COURTS, 2 and 3 MARIA CASEY, in her personal capacity and official capacity, and (4) COUNTY OF SCHUYLKILL PENNSYLVANIA, and all are at 401 North Second Street, Pottsville, PA 17901. Therefore, Enclosed please find 5 copies each for each defendants of Form USM 285, or 20 copies, all signed. The court has agreed to waive fees.

Please contact me if you have any questions. My contact information is below.

Respectfully submitted,


/s/ Edward T. Kennedy (seal)

Edward T. Kennedy
401 Tillage Road
Breinigsville, Pennsylvania 18031
Email: pillar.of.peace.2012@gmail.com
Email: kennedy2018@alumni.nd.edu
Telephone: 415-275-1244.
Fax: 570-609-1810.

FILED
SCRANTON

JAN 16 2019

PER


DEPUTY CLERK

PROCESS RECEIPT AND RETURN
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF EDWARD THOMAS KENNEDY	COURT CASE NUMBER 3:19-cv-67
DEFENDANT Schuylkill County Clerk of Courts, et al.	TYPE OF PROCESS Service of Process /Complaints *

SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
	SCHUYLKILL COUNTY CLERK OF COURTS
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 401 NORTH SECOND STREET, POTTSVILLE PA 17901

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW EDWARD THOMAS KENNEDY 401 TILLAGE ROAD BREINIGSVILLE, PA 18031	Number of process to be served with this Form 285 3 *
	Number of parties to be served in this case 4
	Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

~~See Edwards TO Complaints and~~ Exhibit 1 Law of the Case - to SCHUYLKILL COUNTY CLERK OF COURTS, (the OFFICE itself)
ATTN: MARIA CASEY, Clerk of Courts 401 North 2ND Street, Pottsville, PA 17901. PHONE 570-628-1140 FAX 570-628-1169

Signature of Attorney other Originator requesting service on behalf of: S J T / C 1	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 415 275 1244	DATE January 14 2019
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
		No. _____	No. _____		

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☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above)	Date _____ Time _____ <input type="checkbox"/> am <input type="checkbox"/> pm
Signature of U.S. Marshal or Deputy	

Service Fee	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)

REMARKS:

PRINT COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice
United States Marshals Service

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EDWARD THOMAS KENNEDY
401 TILLAGE ROAD
BREINIGSVILLE, PA 18031

Number of process to be served with this Form 285 **3 ***

Number of parties to be served in this case **4**

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☐ DEFENDANT

TELEPHONE NUMBER

415 275 1244

DATE

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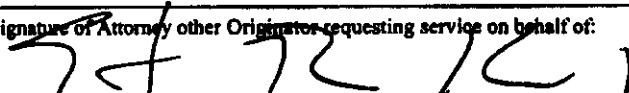
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☐ am
☐ pm

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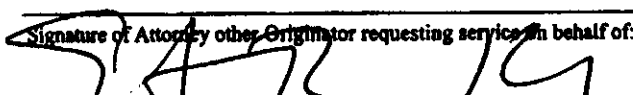
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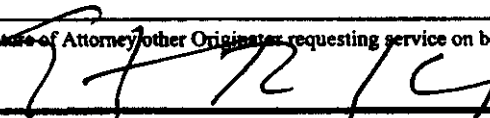
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Serve to Attorney Glenn Roth, Schuylkill County Solicitor, 401 NORTH SECOND STREET, POTTSVILLE PA 17901
phone : (570) 628-1129 , PA Attorney ID: 74304 email: groth@co.schuylkill.pa.us
<https://www.padisdisciplinaryboard.org/for-the-public/find-attorney/attorney-detail/74304>

Signature of Attorney/other Originator requesting service on behalf of: 	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 415 275 1244	DATE January 14 2019
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Rev. 12/15/80
Automated 01/00

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Fold

Fold

Serve to Attorney Glenn Roth, Schuylkill County Solicitor, 401 NORTH SECOND STREET, POTTSVILLE PA 17901
phone : (570) 628-1129 , PA Attorney ID: 74304 email.com groth@co.schuylkill.pa.us
<https://www.padisciplinaryboard.org/for-the-public/find-attorney/attorney-detail/74304>

Signature of Attorney other Originator requesting service on behalf of: 	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 415 275 1244	DATE January 14 2019
--	---	----------------------------------	-------------------------

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk	Date
---	---------------	---------------------------------	--------------------------------	--	------

I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

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Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above)	Date _____ Time _____ <input type="checkbox"/> am <input type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy _____

Service Fee	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
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REMARKS:

PRINT 5 COPIES

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

PLAINTIFF EDWARD THOMAS KENNEDY	COURT CASE NUMBER 3:19-cv-67
DEFENDANT Schuylkill County Clerk of Courts, et al.	TYPE OF PROCESS Service of Process /Complaints *

SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
COUNTY OF SCHUYLKILL PENNSYLVANIA,
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
401 NORTH SECOND STREET, POTTSVILLE PA 17901


SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW EDWARD THOMAS KENNEDY 401 TILLAGE ROAD BREINIGSVILLE, PA 18031	Number of process to be served with this Form 285	3 *
	Number of parties to be served in this case	4
	Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

Serve to Attorney Glenn Roth, Schuylkill County Solicitor, 401 NORTH SECOND STREET, POTTSVILLE PA 17901
phone : (570) 628-1129 , PA Attorney ID: 74304 email: groth@co.schuylkill.pa.us
<https://www.padisiplinaryboard.org/for-the-public/find-attorney/attorney-detail/74304>

Signature of Attorney other Originator requesting service on behalf of: 	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 415 275 1244	DATE January 14 2019
--	---	---	--------------------------------

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		No. _____	No. _____		

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Service Fee	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)

REMARKS:

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5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF EDWARD THOMAS KENNEDY	COURT CASE NUMBER 3:19-cv-67
DEFENDANT Schuylkill County Clerk of Courts, et al.	TYPE OF PROCESS Service of Process /Complaints *

SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

MARIA CASEY, in her official capacity as Schuylkill County Clerk of Courts

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

401 NORTH SECOND STREET, POTTSVILLE PA 17901

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285	3 *
	Number of parties to be served in this case	4
	Check for service on U.S.A.	

EDWARD THOMAS KENNEDY
401 TILLAGE ROAD
BREINIGSVILLE, PA 18031

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

See Remarks, Complaint and Exhibit 1 Law of the Case - to SCHUYLKILL COUNTY CLERK OF COURTS, (the OFFICE itself)
ATTN: MARIA CASEY, Clerk of Courts 401 North 2ND Street, Pottsville, PA 17901. PHONE 570-628-1140 FAX 570-628-1169

Signature of Attorney other Originator requesting service on behalf of:	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 415 275 1244	DATE January 14 2019
---	---	----------------------------------	-------------------------

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Address (complete only different than shown above)	<table border="1"> <tr> <td>Date</td> <td>Time</td> </tr> <tr> <td></td> <td><input type="checkbox"/> am <input type="checkbox"/> pm</td> </tr> </table>	Date	Time		<input type="checkbox"/> am <input type="checkbox"/> pm
Date	Time				
	<input type="checkbox"/> am <input type="checkbox"/> pm				
Signature of U.S. Marshal or Deputy					

Service Fee	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)

REMARKS:

PRINT COPIES

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2. USMS RECORD
3. NOTICE OF SERVICE
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5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Form USM-285
Rev. 12/15/80
Automated 01/00

PROCESS RECEIPT AND RETURN
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF EDWARD THOMAS KENNEDY	COURT CASE NUMBER 3:19-cv-67
DEFENDANT Schuylkill County Clerk of Courts, et al.	TYPE OF PROCESS Service of Process /Complaints *

SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
MARIA CASEY, in her official capacity as Schuylkill County Clerk of Courts
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
401 NORTH SECOND STREET, POTTSVILLE PA 17901


SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW EDWARD THOMAS KENNEDY 401 TILLAGE ROAD BREINIGSVILLE, PA 18031	Number of process to be served with this Form 285	3 *
	Number of parties to be served in this case	4
	Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

See Remarks Complaints and Exhibit 1 Law of the Case - to SCHUYLKILL COUNTY CLERK OF COURTS, (the OFFICE itself)
ATTN: MARIA CASEY, Clerk of Courts 401 North 2ND Street, Pottsville, PA 17901. PHONE 570-628-1140 FAX 570-628-1169

Signature of Attorney other Originator requesting service on behalf of: 	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 415 275 1244	DATE January 14 2019
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I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process _____	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk _____	Date _____
---	------------------------	---------------------------------	--------------------------------	---	---------------

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Address (complete only different than shown above)	Date _____ Time _____ <input type="checkbox"/> am <input type="checkbox"/> pm
Signature of U.S. Marshal or Deputy _____	

Service Fee	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)

REMARKS:

PRINT COPIES

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

PLAINTIFF EDWARD THOMAS KENNEDY	COURT CASE NUMBER 3:19-cv-67
DEFENDANT Schuylkill County Clerk of Courts, et al.	TYPE OF PROCESS Service of Process /Complaints *

SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
	MARIA CASEY, in her official capacity as Schuylkill County Clerk of Courts
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 401 NORTH SECOND STREET, POTTSVILLE PA 17901

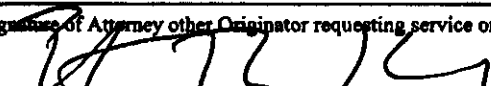
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW EDWARD THOMAS KENNEDY 401 TILLAGE ROAD BREINIGSVILLE, PA 18031	Number of process to be served with this Form 285	3 *
	Number of parties to be served in this case	4
	Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

to Edward Thomas Kennedy Exhibit 1 Law of the Case - to SCHUYLKILL COUNTY CLERK OF COURTS, (the OFFICE itself)
ATTN: MARIA CASEY, Clerk of Courts 401 North 2ND Street, Pottsville, PA 17901. PHONE 570-628-1140 FAX 570-628-1169

Signature of Attorney other Originator requesting service on behalf of: 	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 415 275 1244	DATE January 14 2019
--	---	----------------------------------	-------------------------

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I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
		No. _____	No. _____		

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Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
Address (complete only different than shown above)	Date	Time
		<input type="checkbox"/> am <input type="checkbox"/> pm
Signature of U.S. Marshal or Deputy		

Service Fee	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)

REMARKS:

PRINTS COPIES:

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5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF EDWARD THOMAS KENNEDY	COURT CASE NUMBER 3:19-cv-67
DEFENDANT Schuylkill County Clerk of Courts, et al.	TYPE OF PROCESS Service of Process /Complaints *

SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
MARIA CASEY, in her official capacity as Schuylkill County Clerk of Courts
 ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
401 NORTH SECOND STREET, POTTSVILLE PA 17901

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

EDWARD THOMAS KENNEDY
401 TILLAGE ROAD
BREINIGSVILLE, PA 18031

Number of process to be served with this Form 285 **3 ***

Number of parties to be served in this case **4**

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

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See Remarks Complaint and Exhibit 1 Law of the Case - to SCHUYLKILL COUNTY CLERK OF COURTS, (the OFFICE itself)
ATTN: MARIA CASEY, Clerk of Courts 401 North 2ND Street, Pottsville, PA 17901. PHONE 570-628-1140 FAX 570-628-1169

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

415 275 1244

DATE

January 14 2019

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I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
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Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date _____ Time ☐ am ☐ pm

Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)

REMARKS:

PRINT COPIES

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PRIOR EDITIONS MAY BE USED

Form USM-285
Rev. 12/15/80
Automated 01/00

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF EDWARD THOMAS KENNEDY	COURT CASE NUMBER 3:19-cv-67
DEFENDANT Schuylkill County Clerk of Courts, et al.	TYPE OF PROCESS Service of Process /Complaints *

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MARIA CASEY, in her official capacity as Schuylkill County Clerk of Courts
 ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
401 NORTH SECOND STREET, POTTSVILLE PA 17901

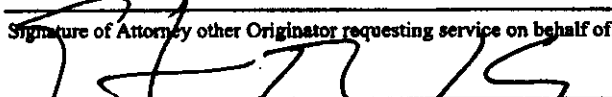
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW EDWARD THOMAS KENNEDY 401 TILLAGE ROAD BREINIGSVILLE, PA 18031	Number of process to be served with this Form 285	3 *
	Number of parties to be served in this case	4
	Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

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See Remarks Complete and Exhibit 1 Law of the Case - to SCHUYLKILL COUNTY CLERK OF COURTS, (the OFFICE itself)
ATTN: MARIA CASEY, Clerk of Courts 401 North 2ND Street, Pottsville, PA 17901. PHONE 570-628-1140 FAX 570-628-1169

Signature of Attorney other Originator requesting service on behalf of: 	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 415 275 1244	DATE January 14 2019
--	---	----------------------------------	-------------------------

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Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
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PRIOR EDITIONS MAY BE USED

Form USM-285
Rev. 12/15/80
Automated 01/00

PROCESS RECEIPT AND RETURN
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF EDWARD THOMAS KENNEDY	COURT CASE NUMBER 3:19-cv-67
DEFENDANT Schuylkill County Clerk of Courts, et al.	TYPE OF PROCESS Service of Process /Complaints *

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MARIA CASEY, in her individual capacity as Schuylkill County Clerk of Courts
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
401 NORTH SECOND STREET, POTTSVILLE PA 17901

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

EDWARD THOMAS KENNEDY
401 TILLAGE ROAD
BREINIGSVILLE, PA 18031

Number of process to be served with this Form 285 **3 ***

Number of parties to be served in this case **4**

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

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ATTN: MARIA CASEY, Clerk of Courts 401 North 2ND Street, Pottsville, PA 17901. PHONE 570-628-1140 FAX 570-628-1169

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

415 275 1244

DATE

January 14 2019

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Total Process

District of Origin

No.

District to Serve

No.

Signature of Authorized USMS Deputy or Clerk

Date

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Address (complete only different than shown above)

Date

Time

☐ am
☐ pm

Signature of U.S. Marshal or Deputy

Service Fee

Total Mileage Charges including endeavors)

Forwarding Fee

Total Charges

Advance Deposits

Amount owed to U.S. Marshal* or (Amount of Refund*)

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U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN
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PLAINTIFF EDWARD THOMAS KENNEDY	COURT CASE NUMBER 3:19-cv-67
DEFENDANT Schuylkill County Clerk of Courts, et al.	TYPE OF PROCESS Service of Process /Complaints *

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 ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
401 NORTH SECOND STREET, POTTSVILLE PA 17901

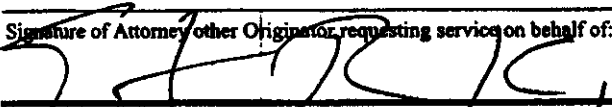
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to Edward Thomas Kennedy, Exhibit 1 Law of the Case - to SCHUYLKILL COUNTY CLERK OF COURTS,
 ATTN: MARIA CASEY, Clerk of Courts 401 North 2ND Street, Pottsville, PA 17901. PHONE 570-628-1140 FAX 570-628-1169

Signature of Attorney or other Originator requesting service on behalf of: 	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 415 275 1244	DATE January 14 2019
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REMARKS:

PRINT 5 COPIES

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Form USM-285
Rev. 12/15/80
Automated 01/00

PROCESS RECEIPT AND RETURN
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF EDWARD THOMAS KENNEDY	COURT CASE NUMBER 3:19-cv-67
DEFENDANT Schuylkill County Clerk of Courts, et al.	TYPE OF PROCESS Service of Process /Complaints *

SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
MARIA CASEY, in her individual capacity as Schuylkill County Clerk of Courts
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
401 NORTH SECOND STREET, POTTSVILLE PA 17901


SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW EDWARD THOMAS KENNEDY 401 TILLAGE ROAD BREINIGSVILLE, PA 18031	Number of process to be served with this Form 285	3 *
	Number of parties to be served in this case	4
	Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

See Edwards Complaint and Exhibit 1 Law of the Case - to SCHUYLKILL COUNTY CLERK OF COURTS,
ATTN: MARIA CASEY, Clerk of Courts 401 North 2ND Street, Pottsville, PA 17901. PHONE 570-628-1140 FAX 570-628-1169

Signature of Attorney or other Originator requesting service on behalf of: 	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 415 275 1244	DATE January 14 2019
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process _____	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk _____	Date _____
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I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
Address (complete only different than shown above)	Date _____	Time _____ <input type="checkbox"/> am <input type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy _____	

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
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5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

PLAINTIFF EDWARD THOMAS KENNEDY	COURT CASE NUMBER 3:19-cv-67
DEFENDANT Schuylkill County Clerk of Courts, et al.	TYPE OF PROCESS Service of Process / Complaints *

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401 NORTH SECOND STREET, POTTSVILLE PA 17901

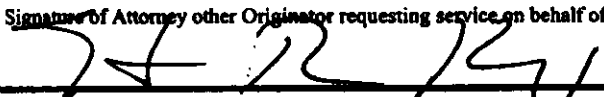
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW EDWARD THOMAS KENNEDY 401 TILLAGE ROAD BREINIGSVILLE, PA 18031	Number of process to be served with this Form 285 3 *
	Number of parties to be served in this case 4
	Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

~~See Remarks~~ **Exhibit 1 Law of the Case - to SCHUYLKILL COUNTY CLERK OF COURTS,**
ATTN: MARIA CASEY, Clerk of Courts 401 North 2ND Street, Pottsville, PA 17901. PHONE 570-628-1140 FAX 570-628-1169

Signature of Attorney other Originator requesting service on behalf of: 	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 415 275 1244	DATE January 14 2019
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

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Address (complete only different than shown above)	Date 	Time <input type="checkbox"/> am <input type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy 	

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
					

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DEFENDANT Schuylkill County Clerk of Courts, et al.	TYPE OF PROCESS Service of Process /Complaints *

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to Edward Thomas Kennedy Exhibit 1 Law of the Case - to SCHUYLKILL COUNTY CLERK OF COURTS,
ATTN: MARIA CASEY, Clerk of Courts 401 North 2ND Street, Pottsville, PA 17901. PHONE 570-628-1140 FAX 570-628-1169

Signature of Attorney or other Originator requesting service on behalf of: 	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 415 275 1244	DATE January 14 2019
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